

TRANSMITTAL FORM

Attorney Docket No.

DE92000035US1/2264P

In re the application **Namik HRLE, et al.**Serial No: **10/010,371**Filed: **November 5, 2001**Confirmation No: **4844**Group Art Unit: **2164**Examiner: **Ortiz, Belix M.**For: **METHOD AND SYSTEM FOR REDUCED LOCK CONTENTION IN SQL TRANSACTIONS**

ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
	<input type="checkbox"/> After Final	<input checked="" type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input checked="" type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
	<input type="checkbox"/> Form 1449	<input checked="" type="checkbox"/>	3 Sheets Replacement Drwgs	<input type="checkbox"/>	Status Letter
	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from _____ to _____.			
	<input type="checkbox"/> Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	15	24	0	\$50.00	\$ 0.00
Independent Claims	3	3	0	\$200.00	\$ 0.00
					Total Fees \$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$ <u>1703.00</u> to Deposit Account No. <u>09-0460</u> (IBM Corporation) for payment of fees. Issue Fee \$1400.00; Publication Fee \$300.00; Patent Copy \$3.00
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	April 27, 2006